

MEDICATION ASSISTED TREATMENT PROGRAMS AND HARM REDUCTION STRATEGIES

.01 AUTHORITY

2015 Wisconsin Act 55

.02 GENERAL STATEMENT

Medication Assisted Treatment Programs (MAT) include the use of medications in combination with counseling, harm reduction strategies, and behavioral therapies effective in the treatment of Opioid Use Disorders (OUD). Funds are used for contracts to provide MAT services to clients. The Division of Community Corrections has funding for individuals who may not qualify for Medicaid, are willing to participate in the program and would benefit from these services. In areas where DOC does not have a contracted provider, the client may be connected with community treatment providers utilizing other payer sources (Medicaid, private insurance).

.03 ELIGIBILITY

1. Clients with a history of Opioid use or misuse are eligible.
2. Clients will receive a SUD assessment by the provider upon referral and also be reviewed for medical suitability.
3. Clients on community supervision or releasing from prison are eligible.

.04 REFERRAL PROCESS

1. For clients releasing from prison, see the "Pre-Release Planning" section of ECRM. The agent shall work with the institution social worker to facilitate participation in MAT as screening indicates in connection with the Pre-Release Planning process.
2. For clients on community supervision, screening for opioid history is conducted at intake, in conjunction with a Supervision Level Review, or during the course of investigating a violation. See those sections of ECRM for further details concerning screening. If screening comes back affirmative for opioid use history, or there is a history of opioid use indicated from other sources, discuss with the client options for MAT participation.
3. Discuss type of coverage (Medicaid, private insurance, DOC funds) with the client. If DOC funds are needed and a DOC contract is in place, complete the following referral steps.
 - If accepted the agent emails referral and required forms to the provider.
 - The Regional POGS PPA will manage acceptance and rejection into the program.

- Email the e1336 to the Regional POGS PPA and cc status keeper and designated staff responsible for data entry into the Program Data Collection System (PDCS).
 - The agent completes an e-1336 in WICS choosing requested MAT provider prior to release, or as soon as a treatment provider and willingness to participate is determined. The client shall complete a DOC 3761A MAT Consent to Participate.
4. If DOC funds are needed and there is not a DOC contract in place, complete the following referral steps.
- The agent shall consult with the supervisor and obtain approval to request POGS funds. The agent shall then contact the POGS Coordinator and /or designee to ensure the purchase is appropriate and funds are available.
 - The agent shall then complete the DOC-501 and submit to the POGS Coordinator.
 - In the event a vendor is not in PDCS, the vendor shall be entered into PDCS as a provider. The entry shall be completed by the POGS Coordinator/designee.
 - The agent completes an e-1336 choosing requested MAT provider prior to release, or as soon as a treatment provider and willingness to participate is determined. The client shall complete a DOC 3761A MAT Consent to Participate.
 - Email the e1336 to the Regional POGS PPA and cc status keeper and designated staff responsible for data entry into the Program Data Collection System (PDCS).
 - The Regional POGS PPA will manage acceptance and rejection into the program.
 - If accepted the agent emails referral and required forms to the provider.
5. See the "Referrals to Outside Agencies" section of ECRM for additional referral procedures.

.05 AGENT RESPONSIBILITIES

1. Coordinate release planning with institution social worker and MAT referral upon or as shortly after release as possible.
2. Discuss MAT options with client, discuss willingness to participate, and educate client concerning referral process and treatment.
3. Notify Regional POGS PPA and designated staff for PDCS entry concerning client termination and reason for termination.
4. Collaborate with community partners and providers to ensure the participant adheres to program guidelines.
5. Stay apprised of client's participation in treatment.
6. Collaborate with the client and contact the service provider to arrange initial appointment for MAT screening/treatment.

.07 WORKLOAD MANAGER STATUS

Clients may be supervised at ENS status upon submission of the e1336. (See [Client Contact Standards](#)). Supervision at this status may remain for 90 days at which point staffing shall occur to determine supervision status.

.08 NALOXONE DISTRIBUTION TO CLIENTS AND SUPPORTS

Where available, clients or their support person(s) may be provided with two (2) doses of Naloxone nasal spray to keep on hand in the event that they or a person in their environment experiences an opioid overdose. The distribution of Naloxone, when available in field offices, will follow the process outlined below.

- Determine if client is appropriate to receive Naloxone.
- Appropriate clients are those with a history of opioid use or overdose and/or one or more of the following:
 - Actively using substances of any kind,
 - Reported recent use of substances of any kind,
- Impress upon the client that they must call 911 immediately in the event that they witness or experience an opioid overdose.
- Discuss the role of Naloxone in temporarily reversing an opioid overdose and inform the client that there are instructions in the box (each box or “kit” contains two (2) doses of Naloxone nasal spray and two (2) sets of instructions).
- Log the Naloxone distribution on an inventory sheet completing all fields.
- Document in COMPAS and ensure that the cautionary flag is marked for opioid history, if appropriate.
- The inventory sheet of Naloxone distributed will be sent to the Regional POGS PPA at the end of each month for data entry and inventory control purposes.
- The Regional POGS PPA will reorder Naloxone via the DOC Central Pharmacy as needed. Use mailbox DOC DAI CPS RX STOCK. Include quantity needed, field office ship to address, and field office contact name. Naloxone will be shipped directly to the field office.

.09 DISTRIBUTION OF FENTANYL TEST STRIPS TO CLIENTS AND SUPPORTS

Fentanyl test strips (FTS) are available without prescription and allow clients to test drugs for the presence of fentanyl prior to self-administration. FTS should be used to screen all substances, not just opioids. FTS come individually wrapped in single use packaging. Instructions for use may be included on the package, as an instruction card supplied with the package, or both. Where available, FTS may be provided to clients and client support individuals. The distribution of FTS by the field offices will follow the process outlined below.

Supervision > DCC Supervision > Medication Assisted Treatment and Harm Reduction Strategies_January 2023

- The number of FTS provided to clients/supports per supervision visit will be determined by the agent based upon their knowledge of the client.
- If provided to clients/supports during a supervision visit, agent will call attention to the usage instructions attached to the FTS.
- Log the FTS distribution on an inventory sheet completing all fields.
- The inventory sheet of FTS distributed will be sent to the Regional POGS PPA at the end of each month for data entry and inventory control purposes.
- Field offices will request additional FTS stock through the Regional POGS PPA.

Document any discussion and/or distribution of FTS in COMPAS and ensure cautionary flag is marked for opioid history, if applicable.